

RESULTS FROM A NATION-WIDE STUDY OF SELECTED PUBLIC INSTITUTIONS FOR THE MENTALLY RETARDED

A 3% sample of public institutions for mentally retarded in the nation was purposively selected to represent the wide diversity in characteristics of U.S. institutions. At each facility, stratified samples were drawn of all staff, and of "recent" and "long-term" residents. Executives provided extensive data on their facility and residents for 1962-1963 and 1967-1968. Institutional staff sampled completed detailed questionnaires on their work, perceptions, attitudes, and background.

Three data-collection techniques for each study resident were used: (1) brief medical "inspection," (2) completion by institutional staff of resident functioning forms, and (3) selective abstract of residents' clinical records. Data-collection on residents took place during week-long site visits.

Findings

Overall, levels of periodic diagnostic evaluation were low: 86% of recently admitted residents had received medical evaluation, 50% dental, 66% social, 30% educational, 51% personal care — nursing, and 58% multidisciplinary team evaluation. For long-term residents, only 47% had been medically evaluated recently, with comparably lower rates in all other areas. In management planning for resident care, the levels of completion for most of the recent residents ranged from only 44% down to 14% coverage in the various professional areas. And for long-term residents, the rates for planning were half again lower, ranging from only 27% to 6%.

Relatively few specialty consultations were received by study residents, with long-term sample rates as low as half to one-third that for the recently admitted. A lower long-term resident rate was also found for diagnostic laboratory services. Tuberculosis screening averaged above 90% for both samples, but assurance of immunity from communicable diseases was very uneven and non-existent at some facilities for mumps, 45% for measles 68% for oral polio vaccine, and 82% for diphtheria-tetanus toxoid. Interestingly, the gap between recent and long-term residents was reversed here, with recent residents having accrued fewer assured immunities.

On the average, each resident sampled was enrolled in 1.76 special therapeutic programs, and spent only 5.6 hours per day in closely supervised and/or therapeutic activities.

Colorful, homelike residences were almost totally absent at some facilities, but prominent at others. Eleven percent (11%) of residents sampled were judged obese, and another 19% undernourished. Almost 30% were found to have numerous (non-surgical) scars from injury or disease. Almost 10% had no teeth, and another 24% suffered from early to terminal periodontal disease. A large variety of preventable impairments were revealed.

The findings tabulated above cover all institutions together. However, very prominent differences between institutions were evident. Sometimes these were related merely to financial or other variation. Much more important, though, was the impact of sociological structural components. Those facilities with an *educational* treatment technology, almost without exception, provided higher levels of care, more balanced programs, and more equalitarian rendering of services to recent versus long-term residents than other facilities did.

Facilities with a *medical* or psychiatric treatment technology had many residents who factually deserved educational and other therapeutic service, but who received far less than their share of these. Residents as medically oriented institutions, when matched with those of equal functioning at educational facilities, nevertheless were provided far fewer educational, social, vocational and even certain medical-nursing services than their fellow residents at educational facilities.

These and other structurally-based differences existed despite about equal financial and other resources between the two kinds of facilities.

Results of the Research

Three main outcomes derive from this research. First, a model developed that is applicable in studying relationships of a facility's structure to the services it renders and the client outcomes — not only at institutions for mentally retarded but at any agency that delivers services to clients.¹

Second, from the research has emerged a manual that demonstrates how an institution can provide comprehensive services to all its mentally retarded residents.²

Third, the systems analysis model, the data garnered in the study, and the operational lessons learned provide the means for any institution to inaugurate an outgoing self-evaluation program of its structure, services, and outcomes. Using this model, periodically repeated measurements, using pragmatic

indices of services, can point to needed or desired change that would lead to adequate variety, scope, and volume of care to all residents.

Edward N. Herberg Survey
Research Center The
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¹ Herberg, E. N. Sociological perspectives on school health programs. *Journal of School Health*, (in press)

² Decker, H. A. *A System for Planning and Achieving Comprehensive Health Care in Residential Institutions for the Mentally Retarded*, University of Michigan School of Public Health, 1970.

STATEMENT FOR DEPARTMENT OF HEALTH,
EDUCATION AND WELFARE HEARINGS ON
WILLOWBROOK STATE SCHOOL, NEW YORK
By Eleanor S. Elkin, Past President, NARC

Willowbrook is known as the largest institution for the retarded in the world. Today it is also the most infamous in the United States.

It has some of the most obsolete, unsafe, unsanitary buildings.

It is perhaps the most overcrowded and has the worst staff — patient ratio (a ward of 50 retarded people to zero ward personnel).

Its residents are probably the most neglected.

It has received the most public attention for its horrible dehumanizing conditions.

BUT — there are many institutions throughout the United States (including others in New York State) that appear to be competing for recognition as "next-to-worst" institution for mentally retarded persons in the Land of the Free.

WHY?

It is not because we do not know these conditions exist. There have been many exposes — some have been reported by national news media — but they have been ineffective in bringing about significant change. Generally authorities have handled them by sending a team to the institution to recommend immediate remedies. This is followed by a statement that improvements will be made, some noticeable plastering and painting and then back to business as usual.

It is not because we have not "taken stands." The National Association for Retarded Children and the President's Committee on Mental Retardation have adopted, published, held seminars on, and widely distributed policy statements and reports. Speeches have been made and articles have been written. There have been attempts to change, but results have been uneven and disappointing.

It is not because we do not have the knowledge. We know what is right. Standards have been developed for facilities for the mentally retarded. Dr. Jack Hammond, Superintendent of Willowbrook State School, a representative of the American Psychiatric Association, is one of the ten councillors of the Accreditation Council for Facilities for the Mentally

Retarded, a branch of the Joint Commission on Accreditation of Hospitals.

It is not because of lack of funds. That is no longer an acceptable excuse. In a country whose gross national product has reached one trillion dollars for the second year, we can afford to do anything we feel is important for the well-being and dignity of our citizens. Unfortunately dollars alone are not the answer. Millions of dollars are spent every year to produce and maintain the horrible conditions that exist in most of our institutions today. There are — right now — on the drawing boards of many states, plans to spend many more millions of dollars for new, though obsolete institutions that will perpetuate the "dead end" model about which this hearing is being held.

What are the stumbling blocks to change?

Parents, who fear possible retaliation against their child if they speak too loudly; parents, who fear their child in the institution may be forgotten as attention is drawn to community residential programs; Bureaucracy with its power struggles and empire building; Bureaucracy, whose members must nervously defend their jobs and their territory; Civil Service regulations that protect incompetents and rigidly prevent the hiring of some desirable candidates; a reluctance to abandon out-dated philosophies; public belief in the necessity of mass care for the retarded; all work against efforts to improve residential service.

Since the system is resistant to change, we must change the system. A powerful Advocacy Agency, separate from the deliverer of services, could break through the bureaucratic immobility to meet the needs and protect the rights of the individual. Such an agency could open doors of existing services to the mentally retarded individual by purchasing service for him. In this type system planning and funding would be made to meet the needs of the individual rather than a public or private agency. The Advocacy Agency would be responsible for delivery of service to all mentally retarded persons whether they reside in their own home, a foster home or a large or small residential facility.

Large institutions, like Willowbrook, must be phased out. They have proven over the years that they cannot adequately serve all ages and all degrees of handicap, with all the services required, from birth to death. Although millions might be spent, it is unlikely they would meet even minimum standards. We recommend that admissions to Willowbrook be closed; that under-utilized facilities for the mentally retarded be opened to residents from Willowbrook; that planning for a responsible dispersal of residents to smaller facilities be initiated.

We recommend that the Secretary consider establishing an action oriented task force composed of representatives of the National Association for Retarded Children, the Accreditation Council for Facilities for the Mentally Retarded, New York State Department of Mental Hygiene personnel, parents of Willowbrook

residents and selected experts to consider a project at Willowbrook State School to demonstrate how to change an institution (while planning its demise) so that the mentally retarded persons residing there during the transitional period will receive quality education, training and treatment.

In conjunction with the parents' concerns we recommend an expansion of the currently funded Parent Training Project being conducted by the National Association for Retarded Children. This project relates to a greater level of awareness of the role of the parent with a child in an institution.

We must also change attitudes. The President's Task Force on the Mentally Handicapped stated in its report, "The public attitude towards mental retardation is a vital factor in determining the quality and the extent of efforts in this field... it plays a subtle, critical role through the operation of a powerful, self-fulfilling prophecy. If the public attitude is supportive towards the mentally retarded person returning to the community from the institution, that individual has a far greater chance to succeed in personal, social and vocational adjustment." Likewise, the public attitude will influence the quality of life for those who must live in institutions for the mentally retarded. The Department of Health, Education and Welfare should call upon research findings in the social sciences and the technology of mass communication to help exploit resources for improving the public attitude toward mental retardation.

We also recommend the promotion of a strong volunteer program. The potential of the volunteer ranges from an individual, working on a one-to-one basis to contribute to the quality of life of a mentally retarded person, to groups of individuals working in concert to improve public or private programs in the field of mental retardation. The volunteer effort can be a vital addition to institutional programs as well as community resources. Volunteers have the power to encourage the development of healthy attitudes toward the institution and toward the mentally retarded.

In recent months action has been taken by parents of retarded children and associations for the retarded to demand the rights of the mentally retarded persons be recognized. The consent decree, issued by the Federal District Court regarding the right to education of all mentally retarded children in Pennsylvania, including those residing in state institutions, is serving to prevent the institutionalizing of many retarded children now living in the community and to insure educational programs for all retarded children living in institutions. The right to treatment decision in Federal Court in Massachusetts is a landmark decision. A similar plea is being heard in Alabama where the Justice Department has entered the case as *amicus curiae*. The National Association for Retarded Children, disillusioned by meager progress in most States, will now consider the instigation of similar suits. The rights of mentally retarded persons will be protected.

On 20 December 1971 the United Nations General Assembly adopted the Declaration of the Rights of Mentally Retarded Persons and called for national and

international action to insure that the Declaration would be used as a common basis and frame of reference for the protection of these rights. Your attention is directed to these statements from that Declaration.

"The mentally retarded person has a right to proper medical care and physical therapy and to such education, training, rehabilitation and guidance as will enable him to develop his ability and maximum potential."

"Whenever possible, the mentally retarded person should live with his own family or with foster parents and participate in different forms of community life... If care in an institution becomes necessary, it should be provided in surroundings and other circumstances as close as possible to those of normal life."

"The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment."

"Whenever mentally retarded persons are unable, because of the severity of their handicap, to exercise all their rights in a meaningful way or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse."

In proclaiming the Declaration of the Rights of Mentally Retarded Persons, the General Assembly noted that they were "Aware that certain countries, at their present stage of development, can devote only limited efforts to this end." In the treatment of mentally retarded persons the United States of America is an under-developed country.

ACTION AGAINST MENTAL DISABILITY

In a report of the President's Task Force on the Mentally Handicapped, it was stressed that institutional care under the State be supplemented by a variety of systems under different auspices and that the needs of the retarded be recognized in community planning and in any future welfare reforms. The report states: "The Task Force warmly endorses the move, becoming increasingly strong, to replace existing institutions for the mentally disabled by much smaller, homelike units located within the community and incorporating new architectural concepts. The demand for resources to build these new facilities may seem to conflict with the demand for resources to upgrade the old one, but the Task Force feels that the two objectives are equally necessary. The new facilities are needed for a more effective fight on mental disability. The old ones must be improved for treating more effectively those people who must use them during the transition period and for serving more humanely those who will require institutional care the whole of their lives." Massachusetts ARC has taken the initiative to implement the Task Force's recommendations by requesting all Area Boards to place a #1 priority on a network of Community Residences.

THE SECOND PUSH

Lottie E. Moise, NARC Rosemary F. Dybwad Awardee, writes to several friends.

"It was a tremendously exciting trip. Halfway through my stay in Copenhagen it became quite clear to me that we need more demonstration projects on the 'normalization concept,' rather than papers.

"Denmark however is really only a part of the reason for my acute excitement. I knew from Rosemary Dybwad, Robert Perske, etc. what I would find in Denmark, and it was all there as I had hoped. 'Normalization' is no longer a beautiful dream. It has become something definite that can be broken down into components, jiggled to abilities and then built into plans and programs. So Denmark lived up to its expectations, but it was the return journey which provided the final thrust.

"Fred Krause started it. I told him that I would return home via Omaha to visit their Citizen Advocacy Office. 'Read this,' he said, 'and be sure to tell the Nebraska people that we thank them for all their help' — and placed into my hands the proposal of the Montgomery County, Maryland Association for a county-wide community residence plan. 'Some of our Maryland people went out there,' he explained, 'and now we have an exciting blueprint for a full range of community hostels.'

"Bob Perske took it one step further. As you know, he has been executive director of the Greater Omaha Association for the past two months. He said on the phone: 'Lotte, I wish I could take you all over this state, you have no idea how much is going on here. It's more exciting than Denmark!' I protested. I was tired, had to get home to my family — needed to get there for Thanksgiving. But then it hit me that I was talking to Bob Perske — the guy who turned me on to Danish ideas and programs in the first place with HIS NARC Dybwad Award report. And if HE said that it was more exciting than Denmark perhaps I had better go. So I spent two FULL days in Nebraska being 'run' through their office and citizen advocacy program and state hospital and Omaha hostels, and Bob Perske is right. They are doing it in Nebraska!

"Can we somehow get it together for the 'second push' which it's going to take to change our patchwork quilt of mediocre workshops, segregated recreation programs, inadequate community homes to the kind of PLAN which will provide the training and the continuity and the opportunities to practice 'normalization' skills in our own neighborhoods and communities?"

Mrs. Moise has completed her grant report to NARC. "See How They Grow" is a personal account of "normalization" as seen through the eyes of her family — while Barbara stayed at Elna Skov's hostel in Copenhagen for a month. Copies may be obtained by writing International Affairs Committee, NARC, 2709 Avenue "E" East, Arlington, Texas 76011.

VILLAS PROVIDE FAMILY SETTING

Nestled beside a stream near the base of Mt. Ngongotaha, Rotorua, New Zealand, new villa units provide a living environment that the Rotorua Branch of The Intellectually Handicapped Children's Society of New Zealand worked hard to accomplish.

Gone are the days of institutional type accommodation for the mentally retarded people who recently stepped into this totally new living arrangement.

Each villa accommodates eight people, as well as two house parents. Possibly, the two double bedrooms and four single bedrooms of each villa will house two adults, two adolescents and two kiddies and provide a place for a short-stay visitor. Residents of each villa will live together as a separate family. Miss K. L. Fordham wishes it had been possible to develop the 3 villas on separate sites.

The units have been designed to keep maintenance to a minimum. The convenience of the residents has been carefully considered. Each unit has a special toilet and shower designed for easy access by wheelchair. The lounge is partitioned, so the youngsters are able to romp at the same times as the "older set enjoy a quiet sit-down at the end of the day." Household chores will be shared as in most other families.

Families order food to their own tastes and have space to grow their own vegetables.

Other citizens of the community visit the villas for coffee evenings and there are trips to Rotorua's scenic resorts. "Actually we get a bit busy social-wise," Miss Fordham said.

This is the first home of its kind to be specially designed and built for the mentally handicapped in New Zealand.

(From — "The Intellectually Handicapped Child," IHCS, Wellington, New Zealand.

MICHIGAN HOUSING PROGRAM FOR THE ADULT MENTALLY RETARDED

Michigan has embarked on a \$5 million program to provide community homes for retarded adults, who are capable of semi-independent living.

By order of Governor Milliken, the project will afford funding opportunity to build 40 to 50 new homes (six to sixteen retarded adults in each) throughout the State. Under the program, it would be possible to obtain monies to pay total costs for land, architect fees, construction of the homes, partial payment of resident managers' salaries and rent subsidy.

The Michigan State Housing Development Authority in cooperation with the Michigan Departments of Mental Health and Social Services has developed guidelines for the project. According to the Michigan Association for Retarded Children, they are consistent with the residential service positions taken by both the National Association for Retarded Children and MARC.

RESIDENTIAL PLANNING IN INDIANA

During the first year of the Indiana Mental Retardation Residential Services Planning Project, an extensive effort was made to gather data on those individuals who will (either presently or within the foreseeable future) require residential placement outside the natural home. Residents of all state mental health and correctional centers, participants in community rehabilitation centers and special education classes are being surveyed.

From the preliminary data, it appears that the project will identify approximately 16,500 individuals presently residing in the state who will not be able to live independently as adults. Percentages of the total population in Indiana as to where these individuals are presently located are as follows:

- .08% in institutions for the mentally retarded.
- .03% residing in hospitals for the mentally ill.
- .003% in correctional institutions. .008% in nursing homes.
- .09% living in family homes and participating in community programs.
- .11% enrolled in special education programs in the public schools.

In addition to relating the various ages, intellectual levels, and other emotional/physical handicaps to be considered in the provision of care, the survey will indicate the services each individual is now receiving as well as those services that are needed. As indicated by the preliminary data, the project staff indicates that no "single model" community residential facility will be applicable to the various needs of all these individuals.

Issues to be resolved within the next few months by the Steering Committee include: types and numbers of facilities needed throughout the state; licensing regulations for the various models; administrative authority of facilities and programs to assure quality service; financial obligation of levels of government and/or private agencies as well as the residents or families.

The Project has two objectives

- a — The development of several models of residential facilities to meet the varying needs of the mentally retarded and the community.
- b — Proposals for legislation for authority to implement the study and funds to develop several of the suggested models.

NEW PROGRAM

An exciting new program started at Berry Cottage of the Murray Children's Center (Illinois) in September. This program will attempt to demonstrate the reduced need for medication among profoundly retarded children who are given a consistent and intensive physical activity schedule. The program will be financed by a Federal Hospital Improvement Project (HIP) grant, and will continue for twenty months.

PRESIDENT NIXON STATES NATIONAL GOALS

Following a meeting with the President's Committee on Mental Retardation, on November 16, 1971, President Nixon made the following statements:

"The cruel bane of mental retardation — which now afflicts more than 6 million Americans, which weighs heavily on the other millions engaged in helping the retarded as family members, health professionals, and volunteer workers, and which diminishes us all by the toll it takes on human potential in our society — can be sharply reduced during the coming generation. And because it can be, it must be.

Federal spending in this field has increased by more than one-third during the past 3 years, to an estimated \$668 million in fiscal year 1972.

Today, I pledge continuing expansion of such support, and I invite all Americans to join me in commitment to two major national goals:

- To reduce by half the occurrence of mental retardation in the United States before the end of this century;
- To enable one-third of the more than 200,000 retarded persons in public institutions to return to useful lives in the community.

These goals are realistic and achievable. We already have most of the knowledge and many of the techniques they will require, and the rest are within reach of research.

Unlocking the door to new opportunities for today's institutionalized retarded is an equally worthy challenge, and it is possible in the immediate present. Here state and local governments bear the principal responsibility, but strong federal leadership can also be important. Within institutions, review procedures aimed at identifying persons ready to enter the community must be improved. Counseling, job training and placement services, and suitable living arrangements must be made available in the community.

To launch this coordinated national effort at reducing mental retardation and ministering more effectively to its victims, I am today initiating a review process throughout the federal government. All executive departments and agencies will evaluate their programs — medical, legal, educational social services, and environmental — with a view to providing maximum support to the President's Committee on Mental Retardation, and will report to Secretary Richardson, chairman of that committee.

I am also directing that the Department of Justice take steps to strengthen the assurance of full legal rights for the retarded; that the Bureau of the Census take steps to develop more complete data on the extent of mental retardation; and that the Department of Housing and Urban Development assist in the development of special housing arrangements to facilitate independent living for retarded persons in the community.

NEWSLETTER ON ARCHITECTURE

The Committee on Architectural Planning of the International League of Societies for the Mentally Handicapped has published the first issue of NEWSLETTER. Table of Contents includes Information Centers, Recent Papers, Buildings to Study, Events, Bibliography, and Research.

Subscription is \$7.50 per year including postage. Write to Kenneth Bayes, Centre on Environment for the Handicapped, 24 Nutford Place, London W1H 6AN, England.

PARENT VOLUNTEERS

Dr. Emanuel Rechter, Director of Wilton State School, New York, has announced a new program, "parent volunteers." The program began when Mrs. Terrill Curran, who has a son in the "Little Steps" unit at the school, became an active volunteer on that unit. The unit's program uses a teaching technique that divides each goal — such as self-feeding — into many small steps and systematically rewards the child for working up to each step successfully. Mrs. Curran has been elected as coordinator on the unit and has oriented and trained over 50 volunteers. The volunteers themselves handle all assignments and record keeping.

According to Dr. Rechter, parents make exceptionally good volunteers and administrators. They have more than the usual spirit of wanting to help, and they have a personal interest in the activities of their child that gradually expands and includes other children. They involve themselves fully in the school's program and offer constructive assistance, unsolicited and with a spirit of deep dedication.

Mr. F. A. Mantica, Supervisor of Volunteer Services, believes that the program has been successful and hopes that eventually all units at Wilton will have volunteers working under the supervision of parents of children living on those units. He explained that the volunteers become an integral part of the program they are working in and are regarded not as Wilton State School volunteers, but rather as education department volunteers or occupational therapy volunteers or volunteers of any one of the 17 areas where they serve throughout the school. This unit identification makes for a more knowledgeable person who is accepted as a coworker by the employees, with whom they share a responsibility and a privilege.

From— MENTAL HYGIENE NEWS
February 4, 1972
NY State Dept. Mental Hygiene

ADVOCATE FOR RESIDENTS AND PRIMARY STAFF

One of the recent innovations at Pennhurst State School and Hospital in Pennsylvania is the new position of Advocate for Residents and Primary Staff. The principal duty of the Advocate is to ascertain the needs of his clients and to recommend to the proper administrative personnel action that will improve working conditions and the care of the residents at Pennhurst.

The advocate will be available to the parents of residents and will convey to the administration of Pennhurst their complaints and suggestions for improved care and service.

(from Pennhurst Newsletter).

MICHIGAN PLACEMENT PROJECT INITIATED

The joint effort on the part of the Department of Mental Health and six community mental health boards to return institutionalized severely retarded persons to the community is a "qualified success," according to David Ethridge, chief of the Bureau of Operational Planning.

"The program is a success in that four of the six programs funded were able to get off the ground," Mr. Ethridge said.

"The boards have run into numerous problems such as zoning, licensing requirements for homes, location of appropriate physical structures, etc.

"Nevertheless the programs which were implemented demonstrate that the severely retarded can be cared for in the community and institutional programs are not the only answer," Ethridge said.

The programs developed last year by the six boards are all different — perhaps radically different—reflecting the different philosophies, resources, service gaps, and ambitions of the communities involved.

LINK, the newsletter for Michigan's Department of Mental Health conducted a survey of the programs funded during the last fiscal year to determine what progress had been made and what problems deterred implementation. The following is a brief summary of the five active centers.

1. One county hired a mental retardation specialist to work directly with families and with existing community agencies which serve the retarded. The object of the county's approach was to return the mentally retarded child to his natural family. The board's retardation specialist offers individual and group counseling to parents, seeks out community programs that might aid the retarded, attempts to put people in contact with appropriate services.

2. One tri-county board chose small group homes as its approach. The board encountered considerable difficulty in locating suitable housing which would meet city fire and zoning regulations. As a stop gap measure, space was leased on the upper floors of a mental health center and negotiations were underway at the time of the report for more suitable housing. Eleven former residents are involved in this program and the board feels that it must settle the first group in permanent quarters before starting another group.

3. One board elected to put its money into sheltered workshop and activity programs. They determined that the lack of appropriate day services in the county was a major obstacle to increased community placement. Thus the board's first priority was to plug that service gap.

The Board has an agreement with Lapeer State Home and Training School to provide homefinding and placement services in two counties for residents of the state institution. The board reports that 64 persons from the state institution have been placed in the two counties during the first half of 1971 with seven of them participating in the workshop program.

4. Ten former residents of Coldwater State Home and Training School have been returned to the community as a result of one county's efforts. As an initial step the board leased former staff residences on the grounds of a hospital in Grand Rapids. Board members expressed some concern about the hospital environment but decided that public transportation was immediately acceptable and that the residents did not consider themselves tied to the hospital. Four of the ten residents are involved in on the job training on the hospital grounds.

The county board considers their program successful in that their efforts have resulted in a variety of agencies working together which can slow up the rate of admissions to institutions and also speed up the rate of releases.

5. Thirty former residents of the Lapeer State Home and Training School have been released to live in a group home which was converted from an old convent. The building was situated in a residential area of the city with public transportation readily available. It is expected that residents of this home will participate in vocational training, sheltered workshops, or activity programs during the day at the several city agencies using public transportation to travel between home and work. This county board also noted that the biggest problem they faced was finding an appropriate facility — one which would meet licensing requirements, fire codes, safety standards, and so forth.

**5th INTERNATIONAL CONGRESS ON MENTAL
RETARDATION
INTERNATIONAL LEAGUE OF SOCIETIES FOR
THE MENTALLY HANDICAPPED
MONTREAL, CANADA, OCTOBER 1-6, 1972**

Theme: THE RIGHTS OF THE RETARDED — "Suit the action to the word" — (Shakespeare)

At its 1968 Congress, the International League of Societies for the Mentally Handicapped issued the Declaration of General and Special Rights of the Mentally Retarded which has since been adopted in substance by the United Nations General Assembly. The 1972 Congress will address itself to the problem of how to translate the Declaration's intent into reality.

Through plenary sessions, discussion groups and informational meetings the Congress participants will explore both the overall strategies for change and the specific action programmes which we can identify today as optimal in assuring the rights of mentally retarded persons.

Emphasis will be placed on the study of specific courses of action which must be pursued by associa-

tions for the mentally retarded — often jointly with government, professional and other groups — in order to help bring about a social environment responsible to the needs of mentally retarded citizens. Delegates are urged to arrive in plenty of time to attend the Opening Session, Sunday evening, September 30th at 8:00 p.m. The Congress Committee promises a truly exciting evening with the international theme of "The Mentally Retarded Person in Today's World."

Full translation facilities are provided for each of the Plenary Sessions and some of the Information Sessions.

Dr. David Morse of the World Rehabilitation Fund Incorporated and formerly of the International Labour Organization will address the closing Banquet on Wednesday, October 4th at 7:00 p.m.

For complete program information contact your State ARC or Mr. Richard Rothmund, Assistant Executive Director, NARC, 2709 Avenue "E" East, Arlington, Texas, 76011.

**DIAGNOSTIC CLASS ESTABLISHED TO
EVALUATE CHILDREN**

A diagnostic class has been established at the Resident Home to enable complete evaluation of each child, prior to placement as a resident.

In the past, home evaluation was the primary means of studying children but the new diagnostic class will provide group interaction over a period of time (one to three months) which will allow for complete physical, social, mental, emotional and medical evaluation. While the child is undergoing the diagnostic sessions, the counseling department will be studying his home environment.

This is a unique program, because it takes into account all the factors of the child's home life, as well as his mental and physical capacities. This program will make it possible for only those children who really are in need of the Home's specialized residence services to be served.

All the vital information is collected from the child's previous experience, including any evaluations completed by other agencies. This information is taken into consideration along with the diagnostic class participation and is analyzed so that the most appropriate program can be recommended.

Threshold, The Resident Home for the Mentally Retarded of Hamilton County, Inc.
Cincinnati, Ohio 45211

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STANDARDS FOR RESIDENTIAL FACILITIES FOR THE MENTALLY RETARDED

Published by **THE ACCREDITATION COUNCIL FOR
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Developed with the participation of over two hundred individuals, including representatives of forty-seven national organizations, under the leadership of the American Association on Mental Deficiency, American Psychiatric Association, Council for Exceptional Children, National Association for Retarded Children, and United Cerebral Palsy Associations (the five Member Organizations of the Accreditation Council).

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